



**Report on Implementation of Basic Attendant Care and
Habilitation for Individuals with Intellectual and Developmental
Disabilities in STAR+PLUS**

As Required by

Senate Bill 7, 83rd Texas Legislature, Regular Session, 2013

Health and Human Services Commission

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1. Executive Summary

Senate Bill (S.B.) 7, 83rd Legislature, Regular Session, 2013, directed the Health and Human Services Commission (HHSC) to implement the most cost-effective option for the delivery of basic attendant and habilitation services to individuals with disabilities, including intellectual or developmental disabilities, and maximize federal funding. Community First Choice (CFC) is a federal option that allows states to provide home and community-based attendant services and supports to Medicaid recipients with disabilities. In October 2014, HHSC submitted the State Plan Amendment (SPA) describing Texas' plans for implementation of the benefit to the federal Centers for Medicare & Medicaid Services (CMS). HHSC received approval from CMS to implement CFC on June 1, 2015.

CFC is an authority available under §1915(k) of the Social Security Act, 42 U.S.C., which provides community-based long term services and supports (LTSS) in lieu of services in an institutional setting to Medicaid-eligible Texans with disabilities. Unlike home and community-based waivers provided under §1915(c) of the Social Security Act, CFC is an entitlement and anyone who is eligible and needs the service may receive it. CFC services earn the state an additional six percent federal match, on top of the existing Federal Medical Assistance Percentage for state plan services.

The benefits available within CFC in Texas include personal assistance services (PAS), habilitation services, emergency response services, and support management. Prior to implementation of CFC, habilitation services were available only in the intermediate care facility for individuals with intellectual disabilities or related conditions (ICF/IID) program and intellectual and developmental disability (IDD) waiver programs, and most of the waiver programs have lengthy interest lists.

This report, required by S.B. 7, begins with a discussion of individuals eligible for CFC services as well as the provider base for CFC services in Texas. The report focuses on implementation for individuals enrolled in the State of Texas Access Reform PLUS (STAR+PLUS) managed care program and provides a summary of implementation in STAR Health, the managed care program for children in state conservatorship, individuals enrolled in waiver programs operated by the Department of Aging and Disability Services (DADS), and individuals in the traditional fee-for-service systems.

In addition to information about eligible populations and providers, this report discusses ongoing implementation activities for HHSC and its partners. S.B. 7 requires a report on the cost-effectiveness of implementing CFC in STAR+PLUS. At the time of this report's development, data pertaining to the costs and benefits of CFC are still forthcoming. By HHSC's best estimate, at least 12 months of data and program experience is necessary, and the data collection, analysis and development of findings will take several more months. HHSC is committed to providing an update to this report to include information about the cost-effectiveness of CFC prior to the 85th Legislature, Regular Session, 2017.

2. Introduction

Basic attendant care is available through several delivery systems in Texas Medicaid. For example, the Medicaid state plan provides PAS for Medicaid clients that have a disability or functional impairment that requires assistance with activities of daily living (ADLs), such as bathing, eating, or toileting, and instrumental activities of daily living (IADLs), such as meal preparation and cleaning. Texas Medicaid waiver programs, like the STAR+PLUS Home and Community Based Services (HCBS) program, offer PAS provided by an attendant to individuals who meet the level of care provided in a nursing facility.

Habilitation, a service which provides assistance with ADLs and IADLs while helping the individual learn to perform those activities for themselves, had only been available to individuals in Texas Medicaid through the DADS 1915(c) waiver programs for individuals with intellectual or developmental disabilities, such Home and Community-based Services (HCS). Habilitation, like PAS, is provided by an attendant, and to receive the service in the waivers an individual must need the level of care provided in an ICF/IID.

Prior to CFC, individuals not enrolled in a waiver program and adults with needs exceeding the basic state plan personal assistance service had limited options to receive LTSS necessary to prevent admission to a facility and thus remain in the greater community. The Texas Legislature consistently funds additional slots in waiver programs; however, interest in these programs continues to outpace available slots and individuals experience significant wait times for a waiver slot.

Federal regulations for CFC require the provision of certain services under §1915(k) of the Social Security Act, including:

- Assistance with ADLs, IADLs, and health-related tasks;
- Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks;
- Backup systems or mechanisms to ensure continuity of services and supports; and
- Voluntary training on how to select, manage, and dismiss attendants.

These services in Texas CFC are named CFC personal assistance services (CFC PAS), CFC habilitation, CFC emergency response services, and CFC support management. The CFC option allows for other services but Texas chose to offer the four required services. Other requirements for the CFC option are that the services be provided in a home and community-based setting and through a person-centered planning framework. The state also made assurances around other criteria such as quality and support networks.

The report discusses the services provided through the CFC option, the providers of those services, the populations served and a brief discussion of how HHSC meets the federal requirements around person-centered planning. Activities related to implementation, including descriptions of coordination across the health and human services system agencies and Local Intellectual and Developmental Disability and Mental Health Authorities (LIDDAs and LMHAs) in the implementation as well as ongoing coordination and outreach activities are detailed.

Finally, this report describes ongoing activities by HHSC and its partners and stakeholders relating to CFC outreach and education, feedback from provider organizations and stakeholders, and touches on implementation activities relating to the delivery of CFC in STAR Kids, the new

managed care program for children with disabilities which will begin in November 2016. Although it is too early in CFC implementation to provide a full analysis of cost-effectiveness, this report concludes with information relating to the evaluation of cost-effectiveness, including plans for future evaluation of more complete data.

3. Community First Choice Eligibility

To receive services through CFC, an individual must be:

- Medicaid eligible;
- Meet an institutional level of care (LOC); and
- Require at least one CFC service.

Individuals who receive Supplemental Security Income (SSI) or SSI-related Medicaid automatically meet the first eligibility criteria. Under Chapter 42, Code of Federal Regulations (CFR) §435.217, individuals enrolled in a 1915(c) waiver who are between 100 and 300 percent of the SSI income limit are also eligible to receive CFC through the SPA. This eligibility category is often referred to as medical assistance only (MAO) as income and resources are above the eligibility threshold for other services, like the Supplemental Nutrition Assistance Program. The Centers for Medicare & Medicaid Services (CMS) determined MAOs in STAR+PLUS HCBS are ineligible for CFC services because 42 CFR §435.217 does not apply to waivers under §1115 of the Social Security Act. STAR+PLUS HCBS is under the authority of the §1115 waiver.

The provision requiring an individual to meet an institutional LOC means an individual qualifies for the level of care provided in a hospital providing long-term care, nursing facility, ICF/IID, or an institution for mental disease (IMD). IMDs are free-standing psychiatric hospitals with 16 or more beds primarily treating mental illness. Federal regulations¹ prohibit federal financial participation for payment of an IMD for individuals between the ages of 21 and 64. Therefore, individuals in that age range meeting an IMD level of care are excluded from CFC services, unless they also meet a different institutional LOC.

HHSC chose to rely on existing assessments to determine if an individual meets an institutional LOC. The Community Medical Necessity and Level of Care Assessment is used to determine if an individual meets a nursing facility or hospital level of care, as determined by nurses and physicians at the Texas Medicaid Healthcare Partnership (TMHP), for the Medically Dependent Children Program (MDCP) and STAR+PLUS HCBS program. HHSC decided to use the same assessment to determine if an individual meets a hospital or nursing facility level of care for CFC. LIDDAs currently conduct Determination of Intellectual Disability assessments as well as Intellectual Disability or Related Condition (ID/RC) assessments, submitted to DADS, to determine if individuals meet the level of care necessary for an ICF/IID. HHSC and DADS continue to rely on LIDDAs to conduct these assessments for CFC eligibility. Finally, LMHAs use the Child and Adolescent Needs and Strengths assessment for children under 18 to determine

¹ Title 42, CFR, § 435.1009

eligibility for mental health rehabilitation and targeted case management as well as for the 1915(c) Youth Empowerment Services (YES) waiver. LMHAs use the Adult Needs and Strengths Assessment to determine eligibility for mental health rehabilitation and targeted case management as well as for the §1915(i) Home and Community Based Services-Adult Mental Health Program. HHSC uses this infrastructure to determine eligibility for CFC through an IMD level of care for individuals under age 21 or over 64.

To determine if an individual requires at least one CFC service, a functional assessment is conducted. For children (under 21), the CFC addendum was added to the existing personal care assessment. A new assessment was developed for STAR+PLUS and adults not in a waiver, adapted from existing PAS and habilitation assessments to include CFC services and person-centered planning elements. For individuals in a 1915(c) waiver, assessments already in use in the waiver were adapted to include CFC services. In addition to adapting existing assessments to include additional services, each assessment must be person-centered, per federal requirements. Each assessment includes questions about an individual's strengths, preferences, and goals and develops a service plan based on that individual's available supports, needs, and preferences. In Texas, CFC services are not time or age limited and continue as long as the Medicaid-eligible individuals meet an institutional LOC, reside in their own home or family home settings, and needs are present.

4. Community First Choice Services

Under §1915(k) of the Social Security Act, CFC PAS, CFC habilitation, CFC emergency response services, and CFC support management services must be offered through the state plan to eligible individuals. Texas provides CFC services to eligible individuals according to their assessed need and without a service cap or limit.

CFC PAS services available to all Medicaid eligible adults and children include the following components:

- Assistance with the performance of ADLs, like bathing, eating, and toileting, and IADLs, which assist with necessary activities to complete ADLs like shopping and cooking;
- Household chores necessary to maintain the home in a clean, sanitary, and safe environment;
- Escort services, which consist of accompanying, but not transporting, and assisting an individual to access services or activities in the community; and
- Assistance with health-related tasks like medication administration and tasks delegated to an attendant and supervised by a registered nurse, like gastrostomy tube feeding.

Consistent with personal care and PAS through other delivery models, individuals choosing the consumer directed services option are not required to have a registered nurse delegate some health-related activities. These individuals can hire and train their own attendants to meet their health-related needs.

The provision of habilitation services in Texas has historically been limited to individuals in a 1915(c) waiver operated by DADS. By expanding the eligible population for this service through CFC, individuals who meet CFC eligibility, but are not in a waiver and may be on the interest list for a waiver may receive this necessary service. Habilitation is defined in the SPA as the

acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks. This service is provided to allow an individual to reside successfully and remain in a community setting by assisting the individual to acquire, retain, and improve self-help, socialization, and daily living skills or assisting with and training the individual on ADLs and IADLs. CFC habilitation services include training, which is interacting face-to-face with an individual to train the individual in activities such as:

- Self-care;
- Personal hygiene;
- Household tasks;
- Mobility;
- Money management;
- Community integration, including how to get around in the community;
- Use of adaptive equipment;
- Personal decision-making;
- Reduction of challenging behaviors to allow individuals to accomplish ADLs, IADLs, and health-related tasks; and
- Medication self-administration.

The assessment for CFC PAS provides recommendations for the time necessary for an attendant to assist an individual with a personal care task. Texas chose not to provide recommended time frames for habilitation tasks because time varies considerably based on a person's individual abilities, skill levels, and preferences. Habilitation inherently requires hands-on assistance, similar to PAS. When an individual is assessed as requiring both personal assistance and habilitation, authorizations from a managed care organization or another state contractor authorizes all tasks and services an individual needs under the umbrella of habilitation.

HHSC included two additional, federally required CFC services in the SPA: emergency response and support management services. Emergency response services are backup systems and supports that ensure continuity of services and supports. Reimbursement for backup systems and supports is limited to electronic devices to ensure continuity of services and supports and are available for individuals who live alone, who are alone for significant parts of the day, or have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. Authorization for emergency response is limited to those individuals that have the cognitive capacity to recognize an emergency and the need for immediate assistance. Emergency response services in Medicaid have previously been limited to individuals enrolled in the STAR+PLUS HCBS program. Emergency response services are also provided through Title XX (non-Medicaid) programs.

Support management is voluntary training on how to select, manage, and dismiss attendants.

This service is available to any individual receiving CFC services, regardless of whether they receive services through an agency or if they choose the consumer directed services model. Support management may be provided by a LIDDA, a service coordinator from a managed care organizations, or from a CFC provider. HHSC and DADS developed training materials about

support management available to the public, that describe how an individual can self-advocate to ensure their needs, strengths, and preferences are taken into consideration by a service provider.

5. Community First Choice Providers

HHSC determined the most efficient and practical way to deliver CFC was to leverage existing long-term service and support infrastructures, including CFC provider qualifications. Licensed home and community support services agencies (HCSSAs or home health agencies) employ attendants to provide PAS in Texas Medicaid. CFC PAS are the same PAS provided by licensed home health agencies. HHSC included these agencies, including providers of Community Living Assistance and Support Services (CLASS) waiver services, as qualified providers in the CFC state plan. Providers of Home and Community-based Services (HCS) and Texas Home Living (TxHmL) waiver services are certified by DADS and have extensive experience providing habilitation, in addition to other services. HHSC included these providers in the Medicaid state plan and listed them as significant traditional providers (STPs), which requires managed care organizations (MCOs) to extend these providers contracts for at least three years.

HHSC extended the STP provisions to providers in the Deaf Blind with Multiple Disabilities (DBMD) waiver program as well. HHSC monitored a weekly network report for each MCO effective January 23, 2015, through October 2, 2015. Based on HHSC's standards, all MCOs have an adequate network to provide services to the CFC population, so the weekly MCO network reports ended effective October 2, 2015. Although each MCO CFC provider network is considered adequate, the MCOs continue outreach efforts to STPs that have not contracted through various means (e.g., phone calls, face-to-face visits to the address on file, sending additional letters, and requesting updated contact information from DADS for providers with incorrect addresses). Ongoing monitoring of MCO provider networks continues through the complaint process.

In addition to licensed and certified providers, CFC includes qualified providers of financial management and emergency response services. Financial management service agencies (FMSAs) assist individuals that select the consumer directed services option with processes and paperwork related to being their attendant's employer of record with state and federal tax and employment entities as well as assistance related to hiring and dismissing an attendant and working with MCOs or TMHP to file claims and reimbursement for the employer of record. FMSAs are considered qualified based on a three day training put forth by DADS and passing a knowledge exam following training.

Senate Bill 200 (84th Legislature, Regular Session, 2015) abolished a number of licensure categories overseen by the Department of State Health Services (DSHS), including licensure for personal emergency response services. The Department of Public Safety has a licensure category for alarm systems, which can include but is not required to include emergency response systems. As a result, providers of emergency response services are not currently licensed or certified, but are considered qualified. HHSC is working with DADS to determine the feasibility of a new certification through DADS. In the meantime, HHSC in collaboration with DADS, determined that significant traditional providers of emergency response services are qualified to provide this service under CFC.

HHSC is not prescriptive regarding specific training or qualifications for providers of habilitation. Therefore, licensed home health agencies may provide habilitation to an individual enrolled in STAR+PLUS or STAR Health if a MCO credentials the provider as capable of successfully providing the service. HHSC worked closely with DADS to ensure existing habilitation providers were included in MCO provider networks so individuals in CFC had ample providers from which to choose. HHSC continues to work with DADS, MCOs, and provider organizations to ensure individuals across Texas selecting CFC services have adequate choice among providers.

HHSC continues to meet with provider associations, include Providers Alliance for Community Services of Texas, Private Providers Association of Texas and Texas Association of Home Care and Hospice to gather feedback about the implementation of CFC. These provider associations are valuable partners to HHSC and Medicaid MCOs for successful implementation of CFC. HHSC continues work with these groups, including attending conferences and gatherings to provide training about CFC, dispel myths and misconceptions about the operation of CFC, as well as to host forums where questions can be answered.

6. Implementation of Community First Choice

Texas's SPA was approved by CMS in April 2015. HHSC selected June 1, 2015 as the CFC implementation date. HHSC worked with LIDDAs, LMHAs, DADS, DSHS, MCOs, provider organizations, stakeholders and the Promoting Independence Advisory Committee on the implementation activities necessary for the successful CFC launch.

Prior to implementation, DADS amended operational guidance governing 1915(c) waivers operated by the department to ensure no habilitation services in the waiver are duplicative of the services provided through CFC and amended LIDDA contracts to include activities around CFC. HHSC amended the §1115 demonstration waiver, contracts with TMHP, as well as managed care contracts, manuals, and handbooks to include provisions related to CFC. DADS and HHSC amended administrative code to provide policy relating to CFC services, as well.

HHSC convened several workgroups to ensure smooth transitions of individuals receiving CFC between different Medicaid delivery systems including from STAR+PLUS or STAR Health managed care to a DADS waiver, or from a waiver to managed care. The largest workgroup began in September 2014 and the workgroup consisted of representatives from HHSC and DADS but also LIDDAs, the Texas Council of Community Centers, and other organizations to problem-solve assessing individuals for an institutional LOC, assessing for CFC services, authorizing appropriate services, and how different entities could securely communicate protected health information pertaining to an individual receiving CFC services, as well as timeframes and minimum requirements for these types of communication. This group continues to meet as issues relating to reassessments, which must be conducted annually, per federal rule, as well as implementation of CFC in STAR Kids are resolved.

HHSC, DADS, LIDDAs, and MCOs also developed an outreach plan to begin CFC outreach first and foremost to those individuals on an interest list for a DADS waiver (CLASS, DBMD,

HCS, and TxHmL) who are Medicaid eligible and not receiving any Medicaid long-term services and supports. LIDDAs and MCOs were provided with a list of individuals to prioritize outreach. Often, these individuals were already familiar with the LIDDA and received services through the LIDDA funded by general revenue funds appropriated by the Legislature. DADS began converting service plans of individuals enrolled in waivers operated by the department to remove habilitation provided by the waiver and replace the service with CFC habilitation on June 1, 2015. When possible, the conversion occurred instantly; in some programs individual service plans converted the waiver service to the CFC service when the plan was set for annual reassessment and renewal.

In addition, MCOs trained their service coordinators and other staff who communicate with their members on a regular basis about the availability of CFC. If the MCO staff knew or suspected an individual could have an intellectual or developmental disability, the MCO referred the member and their family to their LIDDA for a level of care assessment. LIDDAs also conduct the CFC service assessment and develop the adult MCO member's service plan. The LIDDA notifies the MCO of the level of care assessment and DADS notifies the LIDDA and MCO whether the member meets an ICF/IID level of care. The LIDDA then conducts the CFC assessment using a standard, person-centered planning tool developed by HHSC in collaboration with the Institute for Person-Centered Practices. The LIDDA notifies the MCO when the service plan is developed and invites the MCO service coordinator to the joint planning meeting with the member, LIDDA, and their family or other individuals important to the member. In the joint meeting the service plan is agreed to and a provider is selected by the member. The MCO then authorizes CFC services from that provider.

For members with a physical disability, the MCO completes the Community Medical Necessity and Level of Care assessment, as they would for STAR+PLUS HCBS, and submits the assessment to TMHP for a LOC determination. If the member meets a nursing facility or hospital level of care, and does not require additional services available through STAR+PLUS HCBS, the CFC assessment is completed with the member through a person-centered assessment and service planning process. Based on the person-centered service plan, CFC services are authorized and the authorization and person-centered service plan is sent to the provider of a member's choosing. If an individual receives STAR+PLUS HCBS only for PAS and/or ERS, if they are SSI, they are no longer eligible for STAR+PLUS HCBS, as their unmet needs can now be met through CFC. However, if the member also requires nursing, therapies, or protective supervision, the member receives both CFC and STAR+PLUS HCBS. If the member is Medical Assistance Only, the member continues to receive PAS and ERS through STAR+PLUS HCBS and not through CFC.

STAR+PLUS and STAR Health members under 21 or over 64 with severe emotional disturbance or serious mental illness are eligible for CFC if they meet an IMD level of care. The same assessments used to determine eligibility for mental health rehabilitation and targeted case management are used for IMD LOC. MCO-contracted LMHAs conduct the assessment and a mental health professional informs the MCO whether the LOC is met. The MCO service coordinator then meets with the member to conduct the CFC assessment and develop a service plan if the member selects CFC services.

Children receiving personal care services through the fee-for-service system who may have an intellectual or developmental disability are referred by their Department of State Health Services (DSHS) case manager to a LIDDA for an ICF/IID level of care assessment. If the case manager believes the child may be eligible for an IMD level of care, the child is referred to an LMHA for assessment, unless the child is enrolled in the YES waiver. The YES waiver requires an IMD level of care, so children in YES with a functional need are automatically eligible for CFC. Finally, if the case manager believes the child may meet a nursing facility level of care, the child is referred to a registered nurse with the Texas Medicaid Wellness Program for a Community Medical Necessity and Level of Care assessment. If the child is enrolled in the MDCP waiver, the child meets a nursing facility LOC and is automatically eligible for CFC. Once the LOC is established, the DSHS case manager completes the CFC addendum of the personal care assessment and develops a service plan with the child and their family and requests authorization for services from TMHP.

HHSC developed frequently asked questions and charts to explain the roles of MCOs, LIDDAs, LMHAs, TMHP, DADS, and other state and community entities responsible for determining eligibility and developing service plans for different populations receiving CFC services. These documents, available in the appendix, have proven useful resources for the public as well as state and community entities that work with individuals who may be eligible for CFC. HHSC continues to solicit feedback about other ways in which the agency and its partners can improve communication with the public and with individuals who may be eligible for CFC about the available services.

To meet federal requirements around person-centered service planning, HHSC amended contracts with MCOs to include requirements that service coordinators in STAR+PLUS, STAR Health, and STAR Kids receive a person-centered thinking and person-centered service planning training. HHSC selected a curriculum developed by the Learning Community for Person-Centered Practices and delivered by a Learning Community certified trainer as an approved training.

HHSC can approve other trainings to meet this requirement. MCOs and other entities may submit other training curricula and programs for review and approval by a workgroup of subject matter experts. The workgroup will develop critical elements for person-centered practices training, as well as minimum qualifications for a trainer. To date, one STAR+PLUS MCO submitted a proposal and several STAR Kids MCOs are considering developing their own trainings. HHSC continues to work with state and community partners to ensure any individual, including LIDDA staff, assessing an individual for CFC services has access to training for person-centered practices and person-centered service planning.

7. Ongoing Activities

HHSC continues to collaborate with stakeholders, including other state agencies and contracted partners, provider organizations, advocates, and individuals receiving CFC services to improve the delivery system and ensure consistent information is available to the public. This collaboration has been invaluable for identifying systematic issues and working to resolve them. For example, LIDDAs brought the need for consistent information for all 39 community centers to HHSC's attention. HHSC is working with DADS to provide templates for brochures and other

means of communicating information about CFC to individuals that rely on LIDDAs for other services.

HHSC is working with state and community partners to ensure individuals eligible for CFC know and understand that receipt of CFC services does not affect their ability to remain in a waiver program or their slot on an interest list for other services, like a waiver. HHSC and DADS reiterate this message at every opportunity, including when presenting to providers and the public, training for MCO service coordinators, and in public meetings, like the Promoting Independence Advisory Committee and the STAR+PLUS Stakeholder meeting.

As CFC approached one year of implementation, HHSC finalized processes, policies, and communication with DADS, LIDDAs, the Texas Council of Community Centers, and MCOs for reassessment of an individual's level of care and reassessment of CFC services. Working with subject matter experts at DADS and LIDDAs, HHSC is working to implement forms to aid MCOs in monitoring the delivery and quality of habilitation services, including how a provider is working with an MCO's member to meet the member's goals, identified in the CFC assessment and person-centered service planning process.

HHSC began in-depth work with STAR Kids MCOs about CFC in March 2016. This work, continuing through the fall of 2016, includes ensuring appropriate processes and procedures related to children's eligibility assessments and service planning are in place by the November 1, 2016 STAR Kids implementation date. Processes involving LIDDAs, LMHAs, and referrals for assessments and annual reassessments for an ICF/IID or IMD LOC are being finalized and written into policy. The functional CFC assessment, including person-centered planning elements were built into the STAR Kids screening and assessment instrument, creating a seamless assessment for not only CFC, but for other services and supports identified in the global assessment of a STAR Kids member's medical and functional needs.

The CFC SPA and 42 CFR §441.580 detail a number of demographic and quality-related measures HHSC must report annually to the CMS. A report of federally required measures is under development by HHSC and DADS. This report contains information ranging from basic demographics of CFC recipients, to the number of individuals previously served by a HCBS program (like a program under the authority of 1915(c) or (i)) who have their unmet needs met by CFC.

At the time of this report, there are not enough data available to produce a reliable measure of the cost-effectiveness of CFC in STAR+PLUS. HHSC will submit an addendum to this report, prior to the date the 85th Legislature convenes in January 2017.

Appendix A

Community First Choice Provider Summary Tool

This summary tool includes information on action and responsible parties for CFC services overseen by HHSC through STAR+PLUS and STAR Health, DADS waivers, managed care organizations, and fee-for-service. More information on managed care plans can be found here: <http://www.hhsc.state.tx.us/medicaid/managed-care/plans.shtml>

Contact Information

Amerigroup	1-713-218-5100 Ext. 55446
Cigna HealthSpring	1-877-653-0331
Molina	1-866-449-6849
Superior	1-866-615-9399 Ext. 22534
United Healthcare	1-888-787-4107
HHSC Mailbox	MCD_CFC@hhsc.state.tx.us
DADS Mailbox	CFCpolicy@dads.state.tx.us

STAR + PLUS

Nursing Facility and Hospital Level of Care

<i>Applies to individuals in STAR+PLUS and STAR+PLUS Home and Community Based Services (HCBS) Waiver, including those receiving STAR+PLUS services and participating in the Dual Demonstration. Individuals in the STAR+ PLUS HCBS Waiver, whose eligibility is "Medical Assistance Only", are not eligible for CFC.</i>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - Medical Necessity Level of Care Assessment							●	●				
Approves LOC					●	●						
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●	●				
Authorization of Services							●	●				
Service Coordination							●	●				

STAR + PLUS

ICF/IID Level of Care

<p><i>Applies to individuals in STAR+PLUS, including those receiving STAR+PLUS services and participating in the Dual Demonstration.</i></p> <p><i>Excludes individuals enrolled in STAR+ PLUS for acute care services only who are receiving LTSS through a DADS 1915(c) Waiver (CLASS, TxHmL, HCS, DBMD).</i></p> <p><i>Service coordination for adults in this population will be provided by both the MCO and the Local Authority.</i></p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination – Intellectual Disability/Related Condition Assessment									●	●		
Approves LOC	●	●										
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●			●		
Authorization of Services							●	●				
Service Coordination							●	●		●		

STAR + PLUS

IMD Level of Care

Applies to individuals in STAR+PLUS who are under 21 or older than 64, including those receiving STAR+PLUS services and participating in the Dual Demonstration.

Excludes individuals enrolled in STAR+ PLUS for acute care services only who are receiving LTSS through a DADS 1915(c) Waiver (CLASS, TxHmL, HCS, DBMD).

	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - Child and Adolescent Needs and Strengths Assessment (CANS)/Adult Needs and Strengths Assessment (ANSA)											●	●
Confirms LOC							●	●				
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●	●				
Authorization of Services							●	●				
Service Coordination							●	●				

STAR Health

Nursing Facility and Hospital Level of Care

<p><i>Applies individuals enrolled in STAR Health. STAR Health is a statewide, comprehensive healthcare system for individuals in DFPS conservatorship or programs related to DFPS conservatorship.</i></p> <p><i>Young adults who have signed an extended placement agreement with DFPS remain in STAR Health until age 22.</i></p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - Medical Necessity Level of Care Assessment							●	●				
Approves LOC					●	●						
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●	●				
Authorization of Services							●	●				
Service Coordination							●	●				

STAR Health												
ICF/IID Level of Care												
<p>Applies to individuals in STAR Health. STAR Health is a statewide, comprehensive healthcare system for individuals in DFPS conservatorship or programs related to DFPS conservatorship.</p> <p>Young adults who have signed an extended placement agreement with DFPS remain in STAR Health until age 22.</p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21
Level of Care Determination - Intellectual Disability/Related Condition Assessment									●	●		
Approves LOC	●	●										
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●	●				
Authorization of Services							●	●				
Service Coordination							●	●				

STAR Health

IMD Level of Care

<p><i>Applies to individuals under 21 year of age enrolled in STAR Health. STAR Health is a statewide, comprehensive healthcare system for individuals in DFPS conservatorship or programs related to DFPS conservatorship.</i></p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority		MNLOC Contractor	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - <i>Child and Adolescent Needs and Strengths Assessment (CANS)</i>											●			
Confirms LOC							●							
Functional Assessment - <i>PCAF CFC addendum</i>							●							
Authorization of Services							●							
Service Coordination							●							

Traditional Fee-For-Service (FFS) Medicaid

Nursing Facility and Hospital Level of Care

<i>Applies to children in FFS (Traditional Medicaid) and the STAR program who will receive CFC services through the FFS program, including those enrolled in the MDCP waiver.</i>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority		MNLOC Contractor	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - <i>Medical Necessity Level of Care Assessment</i>													●	
Approves LOC					●									
Functional Assessment - <i>PCAF CFC addendum</i>			●											
Authorization of Services					●									
Service Coordination			●											

Traditional FFS Medicaid

ICF/IID Level of Care

<i>Applies to children in FFS (Traditional Medicaid) and the STAR program who will receive CFC services through the FFS program.</i>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority		MNLOC Contractor	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - <i>Intellectual Disability/Related Condition Assessment</i>									●					
Approves LOC	●													
Functional Assessment - <i>PCAF CFC addendum</i>			●											
Authorization of Services					●									
Service Coordination			●											

Traditional FFS Medicaid

IMD Level of Care

<i>Applies to children in FFS (Traditional Medicaid) and the STAR program who will receive CFC services through the FFS program, including those enrolled in the YES Waiver.</i>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority		MNLOC Contractor	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - <i>Child and Adolescent Needs and Strengths Assessment (CANS)</i>											●			
Confirms LOC			●											
Functional Assessment - <i>PCAF CFC addendum</i>			●											
Authorization of Services					●									
Service Coordination			●											

1915(c) Waivers

Intermediate Care Facility Level Of Care-Individuals with Intellectual Disabilities

Included Population: <ul style="list-style-type: none"> Adults and children in a LTSS 1915 (c) Waiver (CLASS, TxHML, HCS, DBMD). 	DADS		CLASS Case Management Agency (CMA)		Program Provider		Local Authority	
	≤ 21	≥ 21	≤ 21	≥ 21	≤ 21	≥ 21	≤ 21	≥ 21
HCS								
Level of Care (LOC) Determination							●	●
LOC Re-determination					●	●		
Approves LOC	●	●						
Functional Assessment-ID/RC and PDP²							●	●
Authorization of Services	●	●						
Service Coordination							●	●
TxHML								
Level of Care (LOC) Determination							●	●
LOC Re-determination							●	●
Approves LOC	●	●						

² For individuals in DADS 1915(c) waivers the CFC Assessment H6516 is not completed.

Functional Assessment - <i>ID/RC and PDP</i> ³							●	●
Authorization of Services	●	●						
Service Coordination							●	●
CLASS and DBMD								
LOC Determination					●	●		
LOC Re-determination								
Approves LOC	●	●						
Functional Assessment ⁴ - <i>ID/RC, IPP, PAS/HAB Plan</i>			●	●	●	●		
Authorization of Services	●	●						
Service Coordination/Case Management ⁵			●	●	●	●		

³ For individuals in DADS 1915(c) waivers the CFC Assessment H6516 is **not** completed.

⁴ For CLASS, the CMA completes the functional assessment for Consumer Directed Services (CDS). The DSA completes the functional assessment for direct service agency (DSA) option. For DBMD the Program Provider completes the functional assessment.

⁵ The CLASS CMA provides case management and the DBMD provider delivers case management.

Appendix B

CFC Outreach/Education

HHSC and DADS conducted 12 CFC Roadshows that included training for providers throughout Texas (see table below for locations).

Date	Location
January 6, 2015	Weslaco – Knapp Medical Center
January 8, 2015	Laredo – UTSA Health Science Center
January 12, 2015	Ft. Worth – Catholic Charities
January 13, 2015	Dallas – Dallas Public Library
January 16, 2015	Austin – JJ Pickle Center
January 20, 2015	Houston – Houston Food Bank
January 22, 2015	Waco – Workforce Solutions Heart of Texas
January 29, 2015	San Antonio – Alamo Area Council of Governments
February 3, 2015	Lubbock – Teaching and Mentoring Communities
February 4, 2015	Abilene – Hendrick Medical Center
February 10, 2015	El Paso – Providence East Medical Center
February 12, 2015	Longview – Community Connections

Additionally, HHSC, DADS and DSHS conducted provider trainings for provider associations, advocacy groups, and organizations that requested additional training. DADS and HHSC have also hosted a series of provider webinars. HHSC and DADS hosted several webinars for state staff. HHSC and DADS staff also participated in advisory committee and workgroup meetings with the Promoting Independence Advisory Committee, the IDD System Redesign Advisory Committee, the Consumer Directed Services Workgroup, and the STAR+PLUS workgroup.

Ongoing meetings with DSHS, DADS, the MCOs and LIDDAs continue to occur. The LIDDAs and MCOs continue to meet every two weeks to work through operational issues.

Training was also provided to the Regional Advisory Committee through a train-the-trainer approach.